according to their statutes for those vaccinations not defined as mandatory. Vaccines are generally to be prescribed by a physician and pharmacies have the obligation to provide permanent supply of specific vaccines. The vaccination is conducted by physicians and public health offices. The MoH defines, if the costs of specific vaccinations have to be beard by the SHIs other can be provided at no cost by the public health offices. The general pricing regulations for pharmaceuticals are applicable as well for vaccines however exemptions e.g. of surcharges etc. exist for those defined as mandatory vaccinations. Additionally tenders are regular instruments for vaccination buying processes. Key differences to the AMNOG are varying stakeholders at different levels and responsibilities of those. Pricing might be more flexible with vaccinations even though that tenders might apply. **CONCLUSIONS:** The systematic analysis revealed a clear market access road map, stakeholder compass and important strategic implications for the processes along with key differences to the AMNOG.

PHP200

A COMPARISON OF ON-PATENT MEDICINE PRICES USING AN EKS METHOD

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OBJECTIVES: The study aimed to determine the differences between countries pharmaceutical prices for on-patent medicines using an EKS method **METHODS:** The indices were developed using the Fisher Elteto, Koves, Szulc (EKS) method. EKS is widely used by the Organisation for Economic Co-operation and Development (OECD) but has not yet been applied to pharmaceutical prices. IMS MIDAS data was used to estimate prices and sales volumes. In order to construct the indices, the products needed to be defined as like. The definition of like in this study was based on molecules which are deemed to deliver equivalent health outcomes. The price indices were developed for countries with the highest uptake of on patent medicines. The analysis compares prices across 9 countries over the period from 2010 to 2011 and included 27 molecules which were sold in each country for the period. **RESULTS:** US prices were the highest at the end of the period, 1.57; followed by France 1.21; Austria 1.11; Australia 1.10; Sweden 1.04; Finland 1.01; The UK 0.94; Japan 0.89 and Germany 0.69. Only two countries recorded reasonable increases in prices over the period, the USA (4.5% per quarter) and Finland (1.5% per quarter). When the simple average of the molecule prices in the countries was compared against the EKS method some countries appear to have much higher pricies. In particular, Japanese simple average prices are higher with the country being ranked 4th highest and only 8th on the EKS. Similarly Germany is ranked 6th on the simple average and 9th on the EKS. This suggests heavy a substitution effect in these countries whereby usage shifts to comparatively cheaper molecules. **CONCLUSIONS:** This is part of a very large exercise comparing international pharmaceutical prices. It also employs a more robust method than previous studies. The analysis shows US and French prices to be the highest for on-patent medicines.

PHP201

ASSESSING THE POTENTIAL FOR TIERED PRICING OF HIGH PRICED THERAPIES WITHIN ARGENTINA, COLUMBIA, MEXICO, INDONESIA, AND THAILAND

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OBJECTIVES: To identify key success factors, barriers, and associated risks with introducing tiered pricing, defined as non-uniform pricing across customer segments in a country within the selected markets to increase patient access. **METHODS:** Review of publicly available information including health authority, WHO websites, along with peer reviewed journals and other scholarly publications. Primary input from fifteen (15) current payers and industry professionals (3 in each country) for validation and gap mitigation. **RESULTS:** Argentina and Mexico have distinct public and private-sector based markets with different price expectations. Columbia has a single payer, Entidades Promotoras de Salud (EPS), and citizens with private insurance are still required to use EPS. The Indonesian healthcare market is highly segmented and approximately half of the Indonesian population does not have health insurance. Price negotiations are performed at the provider level in both the private and public sectors. In Thailand the private health insurance market is small and used as supplementary insurance, and the public market is separated into three segments (universal "30-Baht" coverage, Social Security Scheme, and Civil Service Medical Benefits Scheme). The Civil Service Medical Benefits Scheme (CSMBS) is the highest purchaser of high priced oncologics followed by the Social Security Scheme (SSS) with the universal "30-Baht" coverage only covering older lower priced/generic oncology products. **CONCLUSIONS:** Within the selected markets, Argentina and Mexico are the two markets where tiered pricing is straight forward with the private and public markets managed independently of each other. The potential for tiered pricing in Thailand exists between the CSMBS and the SSS, but less likely to occur in the Universal system (30-Baht) or private markets. With Columbia being a single payer healthcare system, tiered pricing is non-existent. With provider level price negotiations in Indonesia, informal tiered pricing can be in place based on supply and demand forces that would influence volumes purchased.

PHP202

QUALITATIVE AND QUANTITATIVE ANALYSIS OF THE SCOTTISH MEDICINES CONSORTIUM (SMC) ADVICE

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OBJECTIVES: Given the limited resources and increasing healthcare expenditure, a number of countries have established their own health-technology-assessment (HTA) bodies. These HTA bodies carry out their own assessments of medicines to accept for use the newly licensed medicines that represent good value for money. In Scotland, the Scottish Medicines Consortium (SMC) is responsible for such role as it reviews information supplied by the manufacturers and provides advice to the National Health Service (NHS) in Scotland. The purpose of this research is to examine the SMC formal advice following its assessment of products in order to better understand the advice patterns and reasoning behind its decision. **METHODS:** Research was conducted using the SMC Advice Directory, of which section contains all SMC advice made. The advice published between January 1st 2012 and April 7th 2015 was examined. Variables collected include drug name, manufacturer, BNF category, subcategory, status of orphan drug or/and end of life, submission type, resulting status and rationale behind the decision. Data were extracted and collated into one excel sheet for the further analysis. **RESULTS:** During the time period examined, 120 submissions have been made to the SMC. Among these 120 submissions, 46 submissions have been accepted for use within NHS Scotland for the indication requested, while 43 have been accepted for restricted use and 31 have been not recommended. The following are the three types of drugs that have been most frequently submitted to the SMC for its review: cytotoxic drugs (20 submissions), those used in diabetes (12) and those affecting the immune response (10). **CONCLUSIONS:** There have been some interesting features of the SMC advice. Nevertheless, due to the small number of the advice published during the time period analysed, it is difficult to reach any statistically valid conclusion regarding its decision-making patterns.

PHP203

ATC1 GROUP DISCOUNT DISTRIBUTION ANALYSIS OF ORIGINAL MEDICINES WHICH HAS NO GENERICS IN TURKEY

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OBJECTIVES: Pharmaceutical industry continues to grow and drug prices are a burden for countries.Reference price system is assumed that such a practice concerning medicines will lead to a decrease in medicine expenditures as medicine prices decrease.The purpose of this analysis is to determine the distribution of the discount of original medicines in ATC groups from the reimbursement agency perspective in Turkey. **METHODS:** "Detailed Price List" data published on the website of the Ministry of Health and "Annex 4-A Funded Medicines List" data published by Social Security Institution(SSI) were used.The lists were merged using the Excel software and generic medicine including genericized original medicines with different pricing and payment conditions compared to original medicines with no generics and other specific medicines such as blood products,etc. and specific conditions such as medicines with no reimbursement were excluded.The analysis was made with a total of 568 original medicines with no generic.Ex-factory prices were used in the analysis. **RESULTS:** The original drug distribution examination according to ATC1 groups showed that groups B and L had the highest number of original medicines with no generic with 16.55%.The price distribution examination according to ATC1 groups showed that the most expensive original medicines with no generic were in group L with 27.31%.The examination of SSI discount rates according to ATC1 groups showed that original medicines in group S had the highest average discount rate with 46.1%.The ATC1 group with the second highest average discount rate,41%,was not specified and identified to be original medicines in group M. **CONCLUSIONS:** In ATC1 group the original drugs distribution is mostly contains group B and L.The highest-priced original drugs are in ATC1 is in L group that is also expected in terms of the properties of L group.The highest discount rates are in group S however,the lowest price of original drugs are also in S group.

PHP204

IMPACT OF HEALTHCARE REFORMS ON PRICING AND REIMBURSEMENT IN TURKEY

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OBJECTIVES: Recently, the need for health services has increased gradually and the limitations in sources allocated for this area have been recognized. Moving from this fact, it has gained a supreme importance to determine what health programs or technologies will be given priority. According to Danzon (2001), arrangements towards controlling the expenses through price and profit controls, reimbursement methods and incentives have recently gained wide currency **METHODS:** This present study examines; along with the current situation in Turkey, pharmaceutical pricing methods, reimbursement methods and basic health indicators, within the scope of changing pharmaceutical policies, in Turkey, obtained results and effects of those results so far. **RESULTS:** Upon the research conducted, it was founded that the pharmaceutical policies in Turkey has been effected medicines prices dramatically last few years. Pricing and Reimbursement regulation changed several times and but public health expenditure hasn't decreased. Access to healthcare was main factor of health expenditures. Rational drug use was another issue which is main aim to Turkish Authorities **CONCLUSIONS:** Although it is natural for Turkey to put restrictions on drugs budget to ensure sustainable drug financing, in order to maintain the existence of pharmaceutical industry and protect the patients' access to medicines; it would be more favorable in the development of the industry that the expectations of the stakeholders in the industry are taken into account in the policy making process. This would also help the already supported R&D activities to be sustainable as well. The positive and negative aspects of Turkey's offering the least expensive medicine should be examined. Whether being the country to supply the least expensive medicine is the correct objective or not in the international arena should seriously be discussed. It is recommended that how this situation affects Turkey's image in the outer world should be scrutinized.

PHP205

CRITICAL ANALYSIS OF PRICING AND REIMBURSEMENT PROCESS ON THE BASIS OF NEW INDRODUCED PHARMACOECONOMIC GUIDELINES IN BULGARIA

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OBJECTIVES: The objective of the study was to determine what is necessary for the benefit/risk assessment and estimating the added value (HTAs evaluations) based on the experience of previously included innovative products in the Bulgarian positive list from 2013 till July 2015. **METHODS:** Analysis based on publicly available